US Department of Labor Office of Labor-Management **Standards** Washington DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25973	2 Fiscal Year Covered From
. <u>-</u>	0] / 0] / 2005 Through [2 / 3] / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name PAUL D OLLER	Name Plumbers & STEAM FITTERS LOCAL 393
	Labor Organization File Number 028-029
PO Box Bidg Room No if any	P O Box, Building and Room Number If any
Street 479 N. 8TH ST	Street 6150 COTTLE Rd
City SAN JOSE	City SAN JOSE
State CA. ZIP Code + 4 95/12 4	State CA ZIP Code + 4 95/23 4
5 Position in labor organization  BUSINESS REPRESEN	TATIVE (AGENT)
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
6 Name and address of Employer (including trade name if any)  Name	7 a Nature of Interest, Transaction or Income
	7 a Nature of Interest, Transaction or Income
Name Trade Name if any	7 a Nature of Interest, Transaction or Income
Name [	7 a Nature of Interest, Transaction or Income  7 b Amount.
Name Trade Name if any	
Name  Trade Name if any:  PO Box Bldg Room No if any	
Name  Trade Name if any:  P O Box Bidg Room No if any  Street  City	
Name  Trade Name if any  P O Box Bldg Room No if any  Street	
Name  Trade Name if amy  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Sig	7 b Amount.
Name  Trade Name if any:  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Sig	7 b Amount.  7 b Amount.  Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the
Name  Trade Name if any:  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Sig  15. Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany).	7 b Amount.  7 b Amount.  Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the

Name of Person Filing PAUL DOLLER	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name	a Labor Organization	
Trade Name if any	b Trust	
P O Box Bldg Room No If any	c. Employer	
Street		
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name PLUMBING INDUSTRY APPRENTICESHIP	TEACHING AND WELDING INSPECTION AT THE PIPE TRADES TRAINING CENTER	
Trade Name if any	A) THE THE THE	
PO Box, Bldg Room No if any		
Street 780 COMMERCIAL ST	[# 3/ 9// na	
	11.b Approximate dollar value of such dealing # 3684.00	
City SANJOSE	12 a Nature of interest held or income received	
State <i>CA</i> , ZIP Code + 4 <i>95/12</i> 4		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant	-14 a Nature of payment.	
(including trade name if any).	11	
Name		
Trade Name if any		
P O Box, Bidg Room No if any		
Street		
City		
State ZIP Code + 4		
	14 b Amount of payment	
13 b is the Business an Employer or Consultant?		